



Please use a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

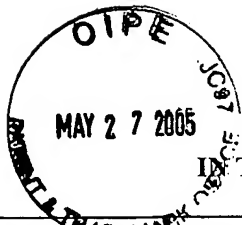
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/781,252
	Filing Date	2/18/2004
	First Named Inventor	Hawe
	Group Art Unit	
	Examiner Name	Not yet known
Total Number of Pages in This Submission		Attorney Docket Number 160-049

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) and letter	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mary Steubing, Reg. No. 37,946 Steubing McGuinness & Manaras LLP
Signature	<i>Mary Steubing</i>
Date	5/24/05

CERTIFICATE OF MAILING OR FACSIMILE	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below:	
Type or printed name	Christine M. Morrisette
Signature	<i>Christine M. Morrisette</i>
Date	5-24-05

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hawe

Serial No.: 10/781,252

Filed: 2/18/2004

Title: Apparatus for Ascertaining a Dynamic
Attribute of a System

Attorney Docket No.: 160-049

Group Art Unit:

Examiner:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATEMENT UNDER 37 CFR 1.97(e)

Dear Sir:

The undersigned hereby certifies that either:

- (X) Each item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, not more than three months prior to the filing of the statement, or
- () No item of information contained in the Information Disclosure Statement
 - was cited in a communication from a foreign patent office in a counterpart foreign application, and
 - to the knowledge of the undersigned, after making reasonable inquiry, was known to an individual designated in 37 CFR 1.56 (c) more than three months prior to the filing of the Information Disclosure Statement.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313.

Date of Deposit: 5-24-05

Typed Name: Christine M. Morrisette

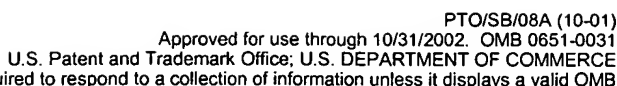
Signature: Christine M. Morrisette

Respectfully submitted,

Mary Steubing
Mary Steubing, Reg. No. 37,946
Attorney/Agent for Applicant(s)
Steubing McGuinness & Manaras LLP
125 Nagog Park Drive
Acton, MA 01720

Date: 5/24/05

Telephone No.: 978-264-6664



Substitute for form 1449A/PTO				Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>10/781,252</td> </tr> <tr> <td>Filing Date</td> <td>2/18/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Hawe</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td>Not yet known</td> </tr> <tr> <td>Attorney Docket Number</td> <td>160-049</td> </tr> </table>		Application Number	10/781,252	Filing Date	2/18/2004	First Named Inventor	Hawe	Art Unit		Examiner Name	Not yet known	Attorney Docket Number	160-049
Application Number	10/781,252																
Filing Date	2/18/2004																
First Named Inventor	Hawe																
Art Unit																	
Examiner Name	Not yet known																
Attorney Docket Number	160-049																
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>																	
Sheet	1	of	1														

[illegible][illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

The sign of the Emperor must precede the serial number of the patent document. Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁸ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**